

PART TWO WASTE IDENTIFICATION AND FINAL MANAGEMENT

IX.	<input type="checkbox"/> Generated On-Site Check if waste was generated <u>and</u> treated, stored (for greater than accumulation time limits pursuant to 40 CFR 262.34), or disposed at your facility, then enter "NA" in Sections X, XI, and XII.	XI.	Off-Site Generator Name <small>(Specify generator from whom all wastes listed on this page were received)</small>		
		XII.	Off-Site Generator Address <small>(Street or P.O. Box)</small> <small>(City or Town) (State) (Zip Code)</small>		
X.	Off-Site Generator EPA ID Number <small>(Enter Generator 12 digit EPA ID No.)</small>		<small>(City or Town) (State) (Zip Code)</small>		

XIII.	A	B	C	D	E	F	
Line #	Description of Waste	EPA Hazardous Waste Codes		Last or Final Management Method	Last or Final Management Location	Amount of Waste	Unit of Measure
							Density
					<input type="checkbox"/> On-site <input type="checkbox"/> Off-site		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
					<input type="checkbox"/> On-site <input type="checkbox"/> Off-site		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
					<input type="checkbox"/> On-site <input type="checkbox"/> Off-site		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
					<input type="checkbox"/> On-site <input type="checkbox"/> Off-site		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
					<input type="checkbox"/> On-site <input type="checkbox"/> Off-site		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
					<input type="checkbox"/> On-site <input type="checkbox"/> Off-site		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
					<input type="checkbox"/> On-site <input type="checkbox"/> Off-site		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
					<input type="checkbox"/> On-site <input type="checkbox"/> Off-site		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

XIV.	COMMENTS: